(Rev. 6/02) G/Tools/SNP/Claims Review Prod			
Retain in School Files			
Month			
This form may be used or the sch	nool can design its own form.	Thi	e submission of the claim for reimbursement. s is required to test "reasonableness" of EACH site must complete the claims review
Attendance Factor Comparis	on		
Attendance Factor (AF) = Aver	age Daily Attendance Enrollment		
Attendance Factor (AF)	Free Eligibles		Estimated number of free eligibles attending daily
x		=	
Attendance Factor (AF)	Reduced-Price Eligibles		Estimated number of reduced price eligibles attending daily
X		=	
Attendance Factor (AF)	Student Claimed in Paid Category		Estimated number of paid students attending daily
X		=	
Compare the daily free, reduced-pof free, reduced-price and paid stu	•		the current month to the estimated number above).

Potential Problem: Any daily meal count which exceeds the estimated number of eligibles attending daily.

Date

CLAIMS REVIEW PROCESS (EDIT CHECK)
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

Authorized Representative or Recordkeeper Initials

Daily Record of Meals Served

School______ Month of______20___

DATE	LUNCH					BREAKFAST				MILK			
	Paid	Free	Reduced Price	Total	Adults	Paid	Free	Reduced Price	Total	Adults	Paid	Free	Adults
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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25													
26													
27													
28													
29													
30													
31													
Totals													